MURDERERS' ROW*

A NEUROPSYCHIATRIC STUDY OF THE PATHOLOGIC BEHAVIOR OF TWENTY-FIVE MURDERERS WHO KILLED THIRTY-THREE PERSONS

By THOMAS J. ORBISON, M. D.
Los Angeles

DISCUSSION *by Joseph Catton, M. D., San Francisco; Thomas G. Inman, M.D., San Francisco; Paul E. Bowers, M. D., Los Angeles.*

THE first five murderers belong to the defective mental development group, and would be classed as morons if judged by such accepted yardsticks of intelligence as the Stanford revision of the Binet-Simon scale. One of them closely approached the imbecile level, and one other, in addition to his moronity, was epileptic.

GROUP I. DEFECTIVE MENTAL DEVELOPMENT GROUP

(Referred to hereafter as D. M. D.)

These five morons killed, or helped kill, six persons—three men, one woman, one boy, and one baby. The nature of these murders, the methods employed, the motivating factors, the behavior of the participants during and after the actual murder, and their futile attempts to evade the consequences of their fear-charged acts, contribute a set pattern of behavior phenomena that seems to be characteristic and significant.

REPORT OF CASES

CASES 1 AND 2.—The first murder was the result of a frustrated attempt at burglary that was planned by a "master mind" (let us call him), but which was attempted by two morons who were made use of for the purpose. Both of them were dishwashers at the time.

One was the child of respectable, law-abiding, "religious" parents. The family had apparently always been an ordinary, inconspicuous social unit. But a study of the family tree of this youth demonstrated hereditary factors that must have had a definitely malevolent influence. When he committed his murder he was seventeen years old with a "mental age" of eight years plus. He had drifted away from home and, after many attempts to float himself, had found his occupational level in dishwashing.

He and a chum of his (No. 2 of this series) were approached by another man who proposed that they rob a certain house of well-to-do people in a residential locale in Los Angeles. He gave them the plan of the "lay-out" and directed them how to proceed. Unfortunately for the "master," he did not know that these tools could not function successfully when confronted by unforeseen problems, because of their lack of intelligence. They succeeded in entering the house, after first subjecting themselves to detection in a typically moronic fashion, when they sat in a hammock on the front porch of the house, smoking cigarettes, while waiting the hour appointed for their entering. Upon entering, they then met the problems for which they were not prepared. They made their way to the second floor. One of them entered the bedroom of the owner of the house, an elderly retired lawyer; the other found himself in the bedroom of a daughter, who awoke and militantly assaulted the intruder with a hairbrush. He fled incontinently, making a great ado.

The scuffle awakened the father, who sat up in bed. The other armed moronic and would-be robber was at loss just how to react to a situation that was for him a novel one; so he pointed the gun he held at what seemed to him a menace and pulled the trigger. Frightened, he turned and fled down the stairs and away from the unpleasant situation he had raised, without knowing what damage he had done and without any booty.

The reactions to unexpected conditions shown by these two were typically D. M. D. (moron No. 2 was rated at the nine-year intelligence level). Their capture was speedily effected, as they were incapable of covering their tracks. Both should have been identified as mental deviates while in school. The court sentenced each of the killers to die.

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CASE 3.—Murderer No. 3 was twenty-eight years old with a "mental age" of nine years. He was known to be epileptic, and was treated more like a son than a farm hand by the rancher and his wife who employed him. Other than with his "fits" he had never been a problem to them, and his work seemed satisfactory.

One day he left his team in the field and went to the house, where he met his employer. Just what took place at first is not known, but the epileptic moron F. killed his employer with an iron bar; his explanation later was that they had an "argument." From what he afterward said, it appears that the wife came upon the scene and F. deemed it necessary to kill her, too.

He was then confronted by new problems—what to do to cover up his acts and evade their consequences, and what to do with the baby of those he had killed. He solved one problem by pouring gasoline about the barn and setting fire to it, and then throwing the dead bodies into the fire. The other knot he untied by throwing the baby also into the fire.

His attempt to escape the consequences was made in a typically moronic fashion by taking a circuitous path through muddy fields to the near-by town, leaving a plain trail, not thinking to remove the telltale mud from his boots. Reaching town, he played pool for a time and then went back to his room at the ranch, where he was quickly apprehended and arrested, much to his surprise. Typically moronic behavior.

Hereditary taint: The family history of No. 3 indicated that his maternal grandfather was insane, as was a brother of his mother.

He, himself, should have been recognized as a potential menace while still in school. The jury found him guilty and sane and he was sentenced to die.

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CASE 4.—Was that of a 17-year-old boy who killed a young companion with a club. I examined him as "expert appointed by the court" and found evident mental defect of such a nature as to classify the killer as near the imbecile level. The wise judge and cooperative district attorney took the case off the calendar, and the killer was eventually sent to a suitable state institution, incidentally saving the county a costly trial, as well as treating the case in hand in an eminently just manner.

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CASE 5.—The last of this series was implicated in the murder of a man in a bank hold-up. He was acting as a look-out at the time of the murder and was prepared to participate, if necessary, by carrying a loaded gun. Becoming confused he made scarcely any attempt to escape and was soon arrested.

Examination of his mental status by a psychologist and myself brought out that he was mentally defective and belonged to the moron group and that what he did had been planned for him and not by him. The court sentenced him to die.

COMMENT

One outstanding impression that comes to one who reviews these five cases is that only one of them was treated with complete scientific accuracy, therefore with complete justice.

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Another is that all of them should have been not only identified for what they *were* while yet in school and prior to any overt crime, but also that suitable preventive measures against them should have been put into play. Had these been effected, six innocent victims would not have perished.

GROUP 2. CONSTITUTIONAL PSYCHOPATHIC INFERIOR PERSONALITY GROUP (Referred to hereafter as C. P. I.)

After exhaustive examinations, totaling many hours, the eight murderers of this series were classified as C. P. I. They killed twelve persons—five men, four boys, two women, and one baby. All were tried for their acts. The defense advanced, in every case but one, was insanity, legal insanity. A selected number, though not medically insane, did come under the classification of "legally insane," judged by the legal yardstick. The seeming anomaly exists because the legal definition of insanity differs from all of the medical definitions, which regard the insanities as forms of mental sickness and, therefore, medical entities. It is this difference between the law and psychiatry that is so often the root of the seemingly insuperable impasse which confronts the medical expert and courts of law.

REPORT OF CASES

CASE 1.—The first C. P. I. murderer was a young male who ran what the newspapers picturesquely called a "murder farm." He killed at least three boys. Ten hours were devoted by me to the personal study of this young man. My conclusions as to his mental status were that he was definitely C. P. I. and belonged to the subgroups (*a*) sex deviate; (*b*) emotionally unstable; (*c*) pathologic liar; and (*d*) paranoid personality.

He proudly asserted his "love" for his 16-year-old brother. He exhibited a patent sexual libido when he spoke of this brother, and as he described to me his sensations when he killed his victims, who were all younger than himself, his facial expression became feral and lascivious as he exclaimed, "keen, keen!" when attempting to describe his emotions at those times. He was a glaring example of the pathologic liar: *e. g.*, claiming to have read "all of Dickens," he was unable to give the name of a single book; he promised a large sum of money to the special counsel for his defense, who came from Canada for the purpose, the murderer knowing that there were no funds available. To watch him preening himself to have his picture taken when he was told he was the "prettiest" (sic) prisoner to pass through the Los Angeles County jail, was a study in narcissism. The paranoid components of his personality were conspicuously brought out at the time of his trial for murder, when he dismissed counsel and attempted his own defense. This was running true to the same form displayed by Guiteau in the famous case following his assassination of President Garfield. In my opinion, the trial of the young man under discussion could, in more than one sense, almost be called a travesty of justice and the turning of a court of law into a circus, and an obscene circus at that.

I am of the opinion that this youth was legally but not medically insane, the opinion of the honorable jury to the contrary, notwithstanding. In a criminal action at law, to be legally insane one must be of such a condition or state of mind as not to know the difference between right and wrong in relation to the act committed and not to be able to appreciate the nature and quality of the act or acts. By this obsolete yardstick this murderer was (legally) insane. He was sentenced to die.

As to heredity, two of his paternal uncles were insane; one maternal aunt, a "religious fanatic"; his mother was a C. P. I. and a border-line D. M. D. as well.

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CASE 2.—This case was a university graduate who had taken honors in oratory. All through his life he had done showy things and was looked upon for a time as a budding genius. His marital experience had been stormy. At one time he tried cattle ranching in Montana, without financial success but with much enjoyment in dressing for the part.

Some time prior to the murderous act of which he was accused, he came completely under the influence of a woman with evident appeal to the males of her acquaintance and he was only one of those whom she dominated. It was alleged that he came to this coast, where she was living, for the purpose of ridding himself of a rival and her of one whom she desired out of the way. The trial of this case was a cause celèbre some years ago and, prior to the Hickman case, held, I am told, the "publicity record" on this coast. The defense was insanity and very ably presented, as was also the prosecution. During the trial the defendant gave a display of "wisecracks" and other verbal courtroom "fireworks." The jury was twice "hung," but the defendant was not—nor was anyone else, for that matter.

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CASE 3.—This was the double murderer and abductor, the young man E. H. H. He was nineteen years old and, while on parole at the time for other crimes, killed a man in a hold-up in company with another young man whom he influenced. He later came to Los Angeles and abducted a young girl from her school and held her for ransom, naming $1,500 as the sum he demanded for her release. Because the girl's home was openly patroled by police cars with their red lights aglow, he did not deliver her on the evening that was at first designated. In this he showed a higher level of intelligence than his would-be captors. They could have taken him after he had released the girl and obtained the ransom, as he at first intended to do, had they simply thrown a cordon around the block, allowing all cars to enter but none to depart unsearched.

Keeping himself aware of the closing in of the chase upon him, he found himself confronted by the necessity of hiding his victim. His judgment was that his escape could not be accomplished with her alive, so he did not hesitate to kill her. This he did by strangulation with a towel while she was tied to a chair. She did not know what was his intent, but believed him when he told her she was to be tied up for a few minutes while he went out for a newspaper.

The subsequent events followed each other logically. After carving up the dead body while the phonograph played, the killer calmly walked out under the nose of the police with the severed body of his victim packed into a dress suit case.

After a most ingenious set of successful attempts to escape, which included the taking of an automobile away from a man on a crowded thoroughfare in Los Angeles, after a careful scrutiny of the car to make sure it contained gas and oil for an extended trip, the killer actually drove north nearly to the Canadian line before he was finally caught. He was then escorted to Los Angeles by a great posse of police officials and newspaper men. A new record of publicity was hung up when this 19-year-old killer was tried. The courtroom became a theater and ran morning and afternoon shows to which admittance was only by card. Relays of notables, including "stars of the silver screen," visiting judges and an unbelievable lot of citizens strove to obtain good seats for the performance.

Nine hours' examination of this youth convinced me, first, that there was no insanity present, either medical or legal; secondly, that he was often motivated by abnormal thinking, characterized by puerile judgments; thirdly, that his whole behavior pattern, both criminal and noncriminal, was typical of a constitutional deviation from the norm that was characterized especially by an anesthesia—to call it such—of

the emotional sphere that was of such a nature as to deprive its host of the ability to feel the slightest remorse or fear the consequences of the horrific acts that he knew, intellectually, were punishable and likely to be punished. At the same time he clearly demonstrated a paradoxical superior intelligence level. An example of this anomalous judgmental perversion was that he planned meticulously a difficult and complex set of acts that involved the risking of his own life and the taking of any others that might thwart him—all for the sum of $1,500 that he wanted in order to put him through a college course that was designed to prepare students for the ministry!

As to any sex angle in this case, there was none. His desires did not run along that line especially and he seemed to be quite normal in that sphere.

Heredity: In my opinion, this murderer's family history contains definite mental taint.

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CASE 4 of the C. P. I. group was a young woman of Italian parents, who set fire to the baby carriage in which her infant was sleeping, destroying them completely. The motivating factor in this case was a feeling of rebellion against the various thwartings in her home environment which seemed to her important. Examination showed her to possess a borderline adult intelligence level, but a perversely functioning judgmental apparatus. This young woman was given a life sentence.

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CASE 5 was a man who killed another man in a train hold-up. His behavior in this episode and prior to it through life, showed very stupid and ill-judged mental reactions. The killing itself was a superfluous "dramatic" gesture in an adult whose judgments were puerile but whose intelligence level was adult. He was sentenced to be executed.

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CASE 6 was a young negro who was considerably above the average adult intelligence level, but whose history included an attempt to burn a well-known resort hotel because of a fancied slight on the part of the white woman manager for whom he on various occasions showed a sex attraction. He once before this had barely escaped conviction of murdering a woman whose dead body showed undoubted evidences of sex assault prior to her death.

He was finally convicted of killing, with an iron bar wrapped in newspaper, a female Christian Science practitioner. His plea—or rather the defense advanced by his attorney—was insanity. The jury disallowed the plea of insanity and declared the defendant guilty.

Examination of the killer showed him to be definitely a C. P. I., who belonged to the subgroups (*a*) paranoid personality, and (*b*) sex deviate. He was excessively egotistic under a very quiet and smooth exterior, but his adult life was embittered by his resentment of the fancied antagonistic attitude of white people toward him, people he considered his inferiors but who he thought belittled him.

He had never experienced normal sex relations, but was strongly attracted to a certain physical type of white woman and got a perverted satisfaction out of hurting them (a kind of sadism). No evidence of insanity, either medical or legal, was found in him.

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CASE 7 was a deputy marshal in a New Mexico city, who killed one man and attempted to kill another. I examined the killer and concluded that there was no insanity present, but rather an implicit emotional instability and judgmental defect that was a complete explanation of the pathologic behavior he exhibited from time to time, being especially evident when he was mildly under the influence of alcohol, which aided in anesthetizing what judgment he ordinarily possessed. This man was freed on the plea of self-defense. In a shooting escapade later, he was shot and killed.

CASE 8.—This was the most bizarre case in my series. The life history of this man in his thirties, if narrated in fiction, would probably be classed as too improbable for publication.

To narrate as briefly as possible only those episodes that are important for the purpose of evaluating the personality components of this man, one needs but sketch in the lights and life-shadows of a 35-year-old male who for many of those years was hidden away in an attic under the completest form of female domination in the person of the wife of a man who probably never knew he was in his house and yet whom the attic dweller speaks of as his "best friend" and a "noble character" after shooting and killing him. It is almost beyond comprehension that any intelligent man could or would subject himself to such a fantastic form of existence and successfully maintain it through many years and in two such widely separated cities as Milwaukee and Los Angeles. But the known facts seem to prove that such was actually the case. He undoubtedly possessed adult intelligence as measured by the accepted yardsticks.

During all the attic-dwelling years this human mole seldom left his attic, except when at night or at other times he could safely move like a ghost through the house, only to scurry back to his shelter when alarmed or when discovery might be expected should he remain outside his lair. He told me that he was made use of sexually by the woman, at times to excess; also, that she made constant use of him to help her about the house at safe times. He was a voluntary slave and menial—sexually and otherwise.

His whole life has been one of domination by others; first the woman, Mrs. O.; next a lawyer, whom he speaks of as one of her lovers; lastly, his own wife. As psychic influences, the first two may be looked upon as malign and the last as benign. It seemed to be true that two totally opposite sets of action patterns were exhibited by this particular C. P. I., as he was subjected to two different, and even antagonistic, *personal* influences, *i. e.*, Mrs. O., and later the woman he happily married. His "goodness" or "badness" seemed to be dependent upon two factors: (*a*) his innate ethical desire to do "right," and (*b*) the maintenance of the authority of the influencing agent. I believe the latter to be the more important. This man was freed by the statute of limitations.

OTHER GROUPS

Involutional Instability.—Two murders were committed by men in the involutional period of life and were motivated by perverted wish reactions that in each case had to do with the elimination of one who had become obnoxious.

One of them murdered his wife and then burned her body in the attempt to hide the evidences of his crime; the other, having armed himself, shot and killed a prominent bank official, having followed him into the courtroom, where he was to testify. The influences which had to do with poisoning this murderer's mind brought forward much newspaper speculation and discussion at the time the trial was on.

The second murder was a typical example of the effect of the mental explosives that are so frequently planted in unstable minds. Like mental bombs with time-fuses attached, it only requires an igniting word to light them, with devastating effect.

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"Normal Killers."—Two of this series of murderers showed no evidences of constitutional fault or mental sickness. One of them was a 19-year-old youth who deliberately killed a younger boy over a sum of money. He was executed.

The other was a young cowboy in New Mexico who, while intoxicated, shot the city marshal and then tried to shoot his foreman and the deputy marshal, but was himself shot in the head with a load of buckshot. He later recovered from the extensive scalp wound inflicted and effected a successful jailbreak. My examination of the killer showed nothing abnormal in

his psychic sphere. The murder and shootings were the result of a temporary toxicity due to alcohol. This young man effected a jailbreak and escaped.

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Psychotic Group (Medically Insane).—Seven of this series were medically insane men. They killed ten persons as the result of their psychoses—delusional concepts, emotional imbalance, and faulty judgments being the motivating factors.

One other (an insane woman) barely escaped effecting an intended murder when the revolver she had carried into an attorney's office for the purpose of killing him was discovered hidden in a cigar-box.

No. 1 killed a former employer because of imaginary wrongs.

No. 2 killed his "sweetheart" and then developed an acute confusional psychosis. He was possessed of a low order of intelligence and had for years been a regular drinker of alcoholics. Only after eleven members of the Lunacy Commission had declared him insane did the judge of the Lunacy Court commit him.

No. 3 shot a doctor five times in a fit of rage.

No. 4 shot two men, who he imagined were poisoning him.

No. 5 had been released from Patton and then proceeded to kill a man whom he disliked.

No. 6, after being adjudged insane and paroled, killed a man.

No. 7, after release from Stockton, killed three persons.

All the above murders were the seemingly irrelevant acts of mentally sick patients.

COMMENTS

The bulk of these murders—twenty-nine out of thirty-three—were committed by two groups of mental deviates: (*a*) the constitutional deviates known as D. M. D. and C. P. I.; (*b*) mentally sick, psychotic, "insane."

It is a sad commentary that so many of these murders could have been prevented by ordinary common-sense foresight.

Five major formulations are outstanding:

1. Any true psychotic who demands a jury trial is potentially dangerous.

2. Most of the C. P. I. and all of the D. M. D. murderers of this series should have been recognized as deviates while yet in school. Therefore teachers should become aware of the significant factors relative to mental deviation; Hickman, Northcott, and all the D. M. D. should have been put out of association before they had killed any human being.

3. These cases must emphasize the fact that there is a vast and rigid difference between medical and legal insanity. The former has never been satisfactorily defined, whereas the latter has been since 1843, and is now, a defined legal entity. The fact is that insanity is essentially a medical entity, i. e., disease or sickness—in the psychic sphere; that it is so protean and kaleidoscopic in its manifestations as to be impossible of any definition that will define a particular type as well as all the other types. An attempt to define "fever" presents similar difficulties. A definition of sickness must, after all, be a description of symptoms that are typical of a medical entity group. The law, on the other hand, must define, and attempts to do so, in the matter of mental sickness. The necessity to do so is manifest. That it is unfortunate is just as obvious. The present-day legal definitions of insanity demonstrate the weak points of the attempt on the part of the law to define a medical entity. The law further attempts to define what is criminal insanity and what is civil insanity. An analysis will show that these definitions differ so that the same individual by the same court would be considered criminally sane and could be legally hanged for murder and at the same time be regarded as "incompetent" and unfit to take care of himself or his property, *i. e.*, insane (page 283, S. and K.) And yet the lawyers deride psychiatrists for giving "contradictory" evidence in medico-legal actions!

4. On the theory that insanity and constitutional mental deviation are essentially psychiatric entities, even though in certain instances there may be legal implications, it is my contention that the alleged criminal deviates should, in the first instance, be given an appropriate psychiatric examination under supervision in a suitable institution and for not less than thirty days in cases of felony. This procedure will do away with those pleas for exemption on the grounds of insanity that are the "last resort of a forlorn cause," but will protect the constitutional rights of the truly insane.

5. The only remedial treatment of the D. M. D. and C. P. I. is successful substitution of normal for abnormal mental characters either by engraftment, substitution, or reëducation maintained for a sufficient time to "take." A corollary to this is that when such a "take" cannot be accomplished after a suitable trial, then that individual is commitable. We do not hesitate to commit the mentally sick and we send smallpox cases to the pest house without consulting the wishes of the patients; but we allow politicians and sob sisters, both male and female, to prevent us from protecting ourselves from putting out of circulation even greater menaces, *i. e.*, those who *cannot* react to the rules we have found necessary to lay down for our own behavior, as well as for the behavior of those among whom we must live.

Finally: this series corresponds to every similar modern research.

616 Wilshire Medical Building.

DISCUSSION

JOSEPH CATTON, M. D. (490 Post Street, San Francisco).—Doctor Orbison's paper is very interesting. It is important that from time to time those of us to whose fortune it falls to contact and to study large groups of caught offenders should report our findings and opinions. Out of the discussion which might result in the medical and legal professions and other interested groups should come suggestions for improved handling of the situations involved. The conflicts existing between law and medicine, as discussed by Doctor Orbison, are more apparent than real. I am with those who believe in looking for underlying unities of attitude rather than superficial diversities. Doctor Orbison admits that the law must define insanity as it applies to one or another situation where a person finds himself at the bar in some civil or criminal action. Then he joins with those of our confrères who criticize the law for the definitions it writes. He argues that the law is attempting to define a "medical entity." But quoting him, he says that medical in-

sanity "has never been satisfactorily defined" and that for various reasons it is "impossible of any definition."

My position is this: When a medical man makes an adequate examination of a person as to his mental condition, he will state verbally or in writing: (1) That, in his opinion, the person has a psychosis (medical term for insanity); (2) that, in his opinion, the person is not insane; or (3) that he does not know.

Are the criteria which lead to these statements of opinion some mystical concepts which are not susceptible to expression in plain English? If they are, then we are metaphysicians rather than physicians; and psychiatrists as a group should be divorced from their present confrères in medicine. I would quote Charles Mercier: "He who pretends that his thoughts are too profound to be expressed intelligently in the English language must not count on always finding readers sufficiently gullible to accept his pretense. Sooner or later he will be called upon to stand and deliver his meaning, and if his wallets are found to be empty he will have no one but himself to thank for his humiliation." Psychiatrists are at a crossroads. They have forced the law to define what Doctor Orbison has rightly termed a "medical entity." The law, however, down through the centuries has sought to be the mouthpiece of authoritative opinion in each special field which might be concerned in particular decisions and judgments. If the thoughts of psychiatrists as to what defines the limits of sanity and insanity are either so profound or so muddled that they cannot be expressed intelligibly, then, as Mercier has said above, the psychiatrists' "wallets are empty" and psychiatry has itself to blame if it be humiliated or disturbed by the apparent conflict between medicine's and the law's concepts of insanity. I share the opinion of those psychiatrists who believe that our wallets are not empty. I have in preparation a paper, to be published shortly, which deals with the matter of the medical definition of sanity and insanity, and which could be read in conjunction with this interesting and important paper of Doctor Orbison's.

THOMAS G. INMAN, M. D. (2000 Van Ness Avenue, San Francisco).—Doctor Orbison has directed our attention to one of the many ills which assail the integrity of our social system. The illustrative cases only too well lend support to his views. His suggestion that the accused seeking relief under the insanity defense be subjected to observation in a suitable institution should meet with approval. If all culprits pleading insanity as a defense were automatically consigned to a ward for the criminal insane in a state institution for a period of six months, the issue depending upon the observations of the medical staff, resort to this means of escape would be less frequent. Certainly the accused, whose plea of insanity is presumed to be honestly presented, could not object to such a procedure.

Thinking people are coming to believe that the insanity defense has been carried too far and that the expert is selected, not for his skill in interpreting mental processes, but for his ability and willingness to confuse the issue and thus create an element of doubt in the minds of the jurors. It is believed that many experts will testify with equal candor for either side. When the members of a jury get this impression they take the matter into their own hands, a circumstance which might adversely affect the rights of the individual or of society, as the case may be.

If it is sometimes difficult to state positively that an individual is or is not suffering from a psychosis, that problem sinks into insignificance beside the impossible task of predicting the future conduct of a mental defective. The intelligence factors resident in the cerebrum, fixed at or about maturity, are susceptible to fairly exact measurements. But the emotional elements, upon which so much of human conduct depends, are subject to great variations from time to time. Thus, while it is possible to state, within certain limits, the mental capabilities of an individual, one can only make an approximate estimate of what that individual's reactions will be to a given situation.

Defectives showing criminal tendencies should, for the safety of society, be segregated. The same may be said for criminals not showing evidence of intelligence defects. But to immure these individuals with the intention of teaching them to be honest, trustworthy and incorruptible would be time wasted. Outside of the institution they would soon learn that the affairs of society are not conducted according to these principles. They might also come to suspect that the world is not suffering nearly so much from a lack of intelligence in its citizens as it is from a high degree of intelligence wrongly directed.

Students of this intricate subject will be indebted to Doctor Orbison for this collection of cases as well as for his timely comments upon them.

PAUL E. BOWERS, M. D. (323 Subway Terminal Building, Los Angeles).—The paper which Doctor Orbison has given us is quite entertaining, but of a decidedly sketchy nature. I personally examined many of the individuals of whom he has written, and I must disagree in several instances with his findings. Particularly is this true in the Hickman case. I found this prisoner to be a sadist, and I reported this case in the *New York Medical Journal* on July 17 and August 7, 1929.

I do agree with Doctor Orbison that many reforms should be accomplished in our manner of dealing with mentally defective persons who are charged with crime. The science of psychiatry has a very definite and helpful contribution to make in the courts regarding tests of responsibility.

Insanity as a legal defense is a pertinent question in the public mind today. Although legal tests for determining the responsibility of the criminal have been developing for centuries past, the results are still unsatisfactory. The learned judge on the bench, the prosecuting and defense attorneys, the jurors—all are nonplused when this little-understood defense is offered. Into this state of confusion the doctor or psychiatrist is called to determine the patient's responsibility or irresponsibility, legally and not medically, in respect to the crime committed. As a result, controversies and differences of opinion arise, the courtroom becomes a Tower of Babel, and the average citizen's respect for the great legal and medical professions begins to wane.

The eagerness of the press to publish the details of every spectacular crime has brought the question of insanity to our attention. Within recent years a striking number of murderers, whether sane or insane, have pleaded insanity as a defense. In fact, the first thought suggested by the newspaper sleuth, hot on the trail of the criminal and a story for the front page, is, "Will the defendant plead insanity?" not, "Is he insane?"

It is unfortunate that there have been so many criminal cases attracting nation-wide interest where the defense of insanity has been a hoax. The cases of Kid McCoy, Harry K. Thaw, Clara Phillips, Hickman, Ruth Judd, Lieutenant Massie, and many others are outstanding examples. The criminal, caught redhanded in a premeditated defenseless murder, grasps at an insanity defense as his only hope. This is often accepted by the normal individual who, shocked by the horrible details of the crime, exclaims: "Only an insane person would commit such a crime!" Jurors, as well as good and honest lawyers, are often fooled by the cleverly assumed rôle of insanity. I would not suggest that any lawyer or any doctor would be so unprofessional as to aid and abet the defendant in his attempt to appear insane. The true malingerer, however, is not difficult to detect. The ninety-year-old test laid down in the McNaughten case, primarily used in our courts today, was voiced according to the light and understanding of the past century. It takes into consideration only the intellectual aspect of the mind in its power to determine between right and wrong, and disregards the processes of will and emotion. Therein lies the weakness. The true test of irresponsibility should be a tri-part test, including the intellectual, volitional and emotional capacities of the mind. Most of our conduct springs from the emotional con-

trol; a derangement in this respect should be a most important consideration in the formulation of a legal test.

There should be some means adopted for keeping the law in harmony with advancing ethical and scientific views. This may be done through the appointment by the court of a quasi-official body of men, impartially determined, who are well qualified psychiatrists having a university education and at least five years of experience with the insane. This group should report their findings in written form to the court to be used for reference and subject to cross-examination. Thus ex parte contention and the hypothetical question, which have helped to bring medical testimony into disrepute, will be eliminated. The judge and the jury will be supplied with a clear, intelligent and unbiased report as to the mental condition of the defendant before proceeding to deliberation regarding his legal responsibility. The procedure of the court should be simplified. What is needed in the law is a proper conception of the unified personality.

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DOCTOR ORBISON (Closing).—In closing I wish to thank those who have discussed this paper and to state that since writing it I have examined three other men who have killed. One was Lieutenant Massie with whom I spent five or more hours, and was able to obtain a mass of evidence regarding his behavior just before and after his killing of the Hawaiian. I am absolutely convinced that he was in a state of delirium followed by a condition typical of ambulatory automatism that lasted for more than one hour acutely and for about twenty-four hours in a less acute state. During the first hour he had to be "slapped" and "pushed about" in order to get him to the "death car." The shooting, in fact, spoiled all the carefully laid-out "plan" that was so much discussed.

My only comment regarding the "psychiatric" testimony put forward by the prosecution demonstrated some of the most reprehensible factors that have cast so much opprobrium on the psychiatrist when he becomes a medico-legal "witness" (two of the visiting alienists never examined the defendant, but testified after reading the transcript).

In my opinion this man was legally insane because he did not know what he was doing at the time—in fact he did just the opposite to what had been planned because the death of the man killed prevented the confession he was just prepared to make.

As to the other two killers to be added to this series, one was insane (medically and legally) and the other showed no symptoms of any kind of "insanity."

ADHERENT SCARS—THEIR TREATMENT*

By W. S. KISKADDEN, M. D.
Los Angeles

DISCUSSION *by George Warren Pierce, M. D., and Gerald Brown O'Connor, M. D., San Francisco; Hugh Jones, M. D., Los Angeles; Will L. Miles, M. D., Los Angeles.*

IN a discussion of the treatment of adherent and cicatricial scars, it is obvious that the old subject of skin grafting in its various phases will predominate. The topic is perennial; but no doubt the activating force lies in the many serious and disabling scars and cicatrices that are constantly presenting themselves.

TYPES OF SCARS

Most of you are familiar with the cicatricial check-rein band of thick scar, often keloidal in type, occurring after burns and infections about the neck and in the cubital, popliteal and axillary fossas. Likewise, it is easy to visualize the thin, shiny or dry scaling scars occurring on any part of the body and resulting from healing by secondary intention. When these scars occur about a joint, they tend to limit or prohibit function and may cause distortion of bone and real joint changes. Blair, Brown, and Hamm [1] emphasize this and point out that, in addition, these scars are most unstable, tending to break down frequently from minor irritations or merely lowering of the general body tone. They have demonstrated that such scars are covered by only a thin layer of epithelium, a few cells in thickness and entirely lacking in elastic tissue. Moreover they lie on a frequently thick and usually avascular scar tissue base, made up of parallel strands of fibrous tissue. This thin epithelium is rendered unstable by its lack of papillae, hair follicles, or glands to aid in attachment to the subcutaneous tissue. This lack of glandular structure accounts for the dryness, scaling, and cracking so frequently present; and because of such constant irritation it is not uncommon to find that such surfaces eventually undergo secondary malignant changes.

Fundamentally such scars are caused by tissue loss. This fact must be constantly kept in mind in planning both the treatment and repair. Such a loss may be due to either burns, infections, or surgical and traumatic debridement. Nor is it always confined only to skin, but subcutaneous tissue, fat, and muscle may also have been sacrificed.

OBJECTS OF TREATMENT

Our treatment, therefore, must be directed, if possible, to the prevention of these scars, and the resultant immobile joints and deformities. At the same time this treatment must not lose sight of the need of a satisfactory cosmetic result.

We are not particularly concerned here with the treatment before scar formation, yet since our end-results are so dependent upon proper consideration of all forces at work, I feel that a brief discussion is indicated. The application of traction before healing has taken place is of occasional value and, if not cumbersome or annoying to the patient, should be tried during the period of preparation for surgery. Of far greater importance is vigorous treatment directed, first, to combating the infection, and secondly, to the stimulation of granulation tissue preparatory for early grafting.

We are all familiar with the use of compresses, irrigation, vaselin gauze, sugar, and other forms of treatment in the stimulation of granulations. Recently I have used 5 per cent alcoholic brilliant green on fresh and chronic granulations with very satisfactory results. A. G. Bettman [2] of Portland tells about the use of a chloretone and scarlet red ointment, which combines an antiseptic, a stimulant, and an analgesic. Doctor Bettman and his colleagues have used it with highly satisfactory results, and I have employed it with satisfaction at the Los Angeles General Hospital. Doctor Blair and his confrères advocate salt baths, alternating with dry heat, for their burn cases. I was glad to read the opinions of Blair, Brown, and Hamm, backed by the experiments of Carrel and others,

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